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ABSTRACT

The Florida Mental Health Institute and the Department of Special Education, both at the University of South Florida, have created a practicum program for teacher trainees in behavior disorders. The program was designed as an intensive, sequenced approach for training in basic academic and behavioral skills related to successful teaching performance with this population. Built around a competency model, the practicum has three phases, culminating in actual work in a classroom for severely emotionally disturbed children. The clinical supervision process contains five steps: preobservation conference, observation and data collection, data analysis and strategy session, supervisory conference, and post-conference analysis. Remediation strategies for those practicum students requiring intensive assistance include cueing procedures and role playing. Initial evaluation findings from student participants have been positive. (CL)

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EXCEPTIONAL TEACHING STARTS WITH EXCEPTIONAL TRAINING: IMPLEMENTING A CLINICAL SUPERVISION SYSTEM FOR PRACTICA STUDENTS IN BEHAVIOR DISORDERS

Denise T. Miller, Mary M. Sakoff, and Cynthia J. Stark

The critical need for quality training in the field of behavior disorders, complicated by a diminishing number of teacher candidates, is well noted (Holland, 1981; Ysseldyke & Algozzine, 1982). A focus for educators interested in quality training is the presentation and subsequent student practice of teaching skills within a realistic classroom environment early in the student's college career (Cruickshank, 1985; Walker, 1978). The values of intense, hands-on training experience are multiple, including the advantage to the student of allowing early career choice validation. However, the value of most concern to teacher educators is the identification of specific student teacher strengths and weaknesses within the classroom setting, and the corresponding student teacher awareness which allows personal goal setting and concentration on skill development.

CURRENT NEEDS IN PRESERVICE TEACHER EDUCATION

There is a growing body of literature in teacher education supporting the view that the most prevalent forms of teacher education today encourage the status quo in terms of educational practices. Critics argue (Lortie, 1975; Schoenrock, 1980) that early field experiences serve to socialize pre-service teachers into existing school practices without focused opportunities to experiment and be reflective.

Dominant themes in the current research on pre-service teacher education reflect several guiding principles for effective programs (Feiman-Nemser & Buchmann, 1985; Glickman, 1981; Richards and Robinson, 1959; Snyder, 1984). These principles can be summarized as follows:

1. Pre-service teachers should be helped to develop habits of inquiry and self-directed growth that will allow them to continue to improve their teaching.
2. Pre-service teachers should be provided with training and practice to help them incorporate effective teaching competencies into their teaching strategies.
3. Cooperating teachers should guide preservice teachers into an understanding and awareness of the principles inherent in the teaching/learning situation through teacher coaching and productive dialogue about teaching.
4. Student teachers should be provided with multiple and continual evaluations expressed in behavioral terms.

These guiding principles can be embodied within a field experience setting as a natural result of the practice of clinical supervision. Conceived at Harvard University by Cogan in the 1960's, clinical supervision is both a concept and a process for the improvement of instructional practice through the supervision of teachers.

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Supervision within this model is not merely evaluative and an end in itself; it is an ongoing cycle of growth which incorporates personal student goals as well as meeting institutional goals.

The potential power and impact of clinical supervision models are understood by many administrators, supervisors, and instructional staff (Anderson, 1982), but these models have been used primarily as inservice rather than preservice training tools. Clinical supervision has been thoroughly described in the literature and is built upon the work of Morris Cogan (1973). No studies could be identified that documented the use of the clinical supervision model in preservice settings with pre-interns, nor its specific impact with teachers in the field of special education.

Clark, Snow and Shavelson (1976) have also argued the need for a systematic process to teach self-evaluation to teacher trainees in preservice settings. A clinical supervision coaching model emphasizes a self-directed evaluative philosophy as opposed to the traditional administrative stance of observation and judgment. Teaching students self-evaluation strategies in their earliest and perhaps "eagerest" stages of teacher training may positively influence all future training and experience and eventually, classroom performance. Use of a self-evaluation strategy may also help to mitigate against any unfortunate exposure to poor teaching in subsequent practicum or internship experiences, as noted by Iannoccone (1963). The heart of both the clinical supervision model and the self-evaluation model have been captured in the recommendations of the 1986 Ad Hoc Committee of the Teacher Educators Division of the Council for Exceptional Children (Tymitz-Wolf et al., 1986), advocating early training experiences built on competencies with frequent and systematic supervision emphasizing self-evaluation.

IMPLEMENTING A CLINICAL SUPERVISION SYSTEM

The Florida Mental Health Institute (FMHI) and the Department of Special Education, both at the University of South Florida, have created a novel practicum program for teacher trainees in behavior disorders. The FMHI is a state supported mental health research and training facility and a part of the University of South Florida. The FMHI houses 11 classrooms for youngsters identified as severely emotionally disturbed by the Hillsborough County School System. On this site, staff from the University of South Florida, Department of Special Education, from the Hillsborough County Public Schools, and from the Florida Mental Health Institute cooperate to deliver educational and mental health services to these students and to train future teachers of the behaviorally disordered. The behavior disorders practicum described was developed as an intensive, sequenced program designed to train basic academic and behavioral skills related to successful teaching performance with emotionally disturbed children.

In developing this program, the competency building model described by Joyce and Showers (1980, 1981) was utilized. The Joyce and Showers' model includes four basic elements: 1) Identification of the theoretical foundation of the methodology being trained and transfer of this information to the trainees; 2) Provision of multiple demonstrations of teaching technique(s); 3) Practice of the technique(s) in controlled situations with immediate feedback and reinforcement and 4) Coaching (peer or instructor) in use of the technique(s).

This behavior disorders practicum has been organized in three phases. Phase I provides the theoretical knowledge base for competencies in effective academic and behavior management and specifically defines the instructional competencies to be mastered. It includes nine instructional and interactive classroom sessions, held at the Florida Mental Health Institute, each beginning with a lecture on behavioral terminology and concepts. A variety of other activities (e.g., demonstration, role plays, videotaped vignettes) reinforce lecture material.

Phase II is designed to provide practice in the competencies presented in Phase I in structured, supervised situations with direct feedback. Phase II consists of two major components: (1) videotaped role play teaching situations requiring use of behavioral techniques, and (2) practice in the collection of reliable behavioral data.

The practicum student is videotaped in at least three short, simulated sessions in which a practicum instructor plays the role of a confederate student in a variety of teaching situations. The major task for the student is to present a simple lesson while simultaneously managing inappropriate behavior and praising appropriate behavior. The videotape is immediately evaluated with the student and responses are recorded by the teacher trainer on a form constructed for this purpose. In order to move to the next role play, the student must correctly consequate 80% of the confederate's observed behaviors. Videotaped sessions increase in difficulty in terms of additional confederates, more difficult behavior, and/or presentation of a lesson the student has designed.

Data collection is taught through the use of prerecorded videotapes. Student data is compared with an already established and reliable data summary, and must meet a minimum of 80% reliability with criterion observers in order for the student to move to Phase III. Opportunities for "live" data collection in the presence of a practicum instructor are also provided.

In the final session of Phase II, the practicum students receive orientation on the philosophy and structure of the clinical supervision coaching model utilized during Phase III. The students are "taught" how the supervision model will function, so that they may prepare themselves to use it to their best advantage.

During Phase III, the practicum student spends four hours per week in a classroom for severely emotionally disturbed children, and is expected to refine basic competencies in academic and behavioral management - those skills practiced in the first two phases of the practicum. Student performance is monitored and coached by a supervision team, element #4 of the Joyce and Showers' model. This team uses a clinical supervision coaching model which has been developed to fit the unique needs of special education teacher trainees.

Supervision during Phase III of the behavior disorders practicum is provided by the team of the practicum supervisor and classroom supervising teacher, who guide the practicum student through assignments of increasing responsibility. A core of required activities is assigned, but is individualized based upon identified student needs, past experiences, abilities, and interests. There is no "one plan" for all practicum students, particularly during initial classroom experiences. The first supervision sessions review the behavioral and academic organization of the classroom and help to clarify the classroom schedule, the behavior management system, and individual academic and behavioral programming. In the third week, the practicum student is assigned to teach one-to-one lessons. By the sixth week, the teacher trainee is instructing small groups (2-5) of students.

The weekly lesson presentation is observed by one or more members of the supervision team. Initially, supervision is relatively directive in nature. One of the first goals of the supervision team is to build a high rate of positive interactions and preventive actions in the classroom performance of the practicum student. When this goal has been met, supervision becomes less directive. The supervision team then begins to guide the student's evaluation of his or her own performance: describing strengths, targeting areas for improvement, and making action plans toward that improvement. Self-evaluation is taught as a **process** to be used for self-improvement now and in future field experiences.

One version of a clinical supervision process has been defined by Goldhammer (1980). A modification of the Goldhammer model is used in Phase III of the behavior disorders practicum using a five step cycle:

1. **PREOBSERVATION CONFERENCE** (Trainee and supervision team) The teacher trainee meets weekly with the supervision team to define lesson objectives, to rehearse plans for implementation, to set performance goals, and to decide on a system of data collection for all targeted teaching behaviors. The more able the student can become in visualizing and verbalizing his or her intentions, the more effective the the supervising team will be in guiding the practicum student.

2. **OBSERVATION AND DATA COLLECTION** (Supervision team)
Data collection during the student taught lesson typically utilizes two systems: 1) SCOOP (Systematic Carousel Observation of Performance, Osnes and Stokes, 1985) which quantifies interactions between the practicum student and the children and 2) an observation checklist developed to correspond to selected elements included in the Florida Performance Measurement System (1984). Each observer records data using one of the identified systems. On a predetermined schedule interobserver reliability data is collected. Other data systems may be selected depending upon the behavior to be observed, e.g., an anecdotal recording procedure which follows an antecedent, behavior, consequence analysis format when problematic patterns in trainee and/or student behavior need to be pinpointed.

3. **DATA ANALYSIS AND STRATEGY SESSION** (Supervision team)
After the observation, the supervision team will confer, examine the data collected, and discuss specific topics on which to focus in the supervisory conference. Since this practicum is an initial field experience for the trainee, it is imperative for the supervision team to concentrate their endeavors on the most critical teacher competencies for that individual.

4. **SUPERVISORY CONFERENCE** (Trainee and supervision team)
The supervisory conference is based upon five specific foci in this practicum clinical supervision model:
   a. To build and maintain self-esteem;
   b. To review pre-observation agreement;
   c. To present data and interpretation;
   d. To encourage opinion and reaction;
   e. To identify and discuss alternative positive behavior including systematic and specific plans to improve performances.

   The supervision team must **guide** the student teacher toward accurate self-evaluation. It is often easier for supervisors to define target behaviors and set goals for trainees, rather than to solicit their ideas and opinions. However, the supervisors must **force** themselves (through peer coaching, perhaps) to lead the teacher trainees toward identifying their own strengths and weaknesses. This self evaluation process can be facilitated with the use of videotapes. Some students may prefer to review the tape by themselves, allowing them the time and the privacy to formulate their own performance related concerns. After reaching agreement on appropriate target behaviors, the practicum student is requested to generate a systematic and specific plan for improving his or her performance. The supervision team may guide the direction of the student's plan of action, but must be deliberate in encouraging creative problem solving and specific action planning by the practicum student.

5. **POST-CONFERENCE ANALYSIS** (Supervision team)
An important part of the clinical supervision cycle is the team evaluation of their own performance in relation to a specific trainee. In this final phase of the clinical supervision model, the supervision team will set a conference time to critique one another's supervisory interactions with the practicum student. This analysis of supervisory performance is designed to assist each supervisor in self-improvement; that is, identification of personal strengths and weaknesses should lead to goal setting for the next supervision cycle.

TRAINING SUPERVISORY TEACHERS

Involvement in the clinical supervisor process requires cooperating teachers to approach their supervisory role with practicum students in a different manner than that which has been seen traditionally. Only about 20% of the institutions reporting on the implementation of early field experiences provide any training for school based personnel in techniques of supervising and evaluating students (Ishler and Kay, 1981). In a study examining the influence of cooperating teachers' supervisory training, Killian and McIntyre (1985) found that:

1. Trained cooperating teachers are much more likely to provide feedback concerning the performance of the practicum student; and
2. Practicum students that are placed with trained cooperating teachers have more interaction with students in the classroom.

Both feedback from the classroom teacher and a high rate of interaction with students are essential in a practicum experience that is to provide the student with opportunities for guided practice, independent thinking, and reflection.

In this practicum, training for the cooperating teachers is provided each semester before trainees enter the classroom phase of their practicum experience. Training involves presentation of knowledge and concepts about clinical supervision, demonstrations of the coaching cycle with an emphasis both on the process and the quality of interactions within the cycle, and opportunities for the teachers to role play through sample situations.

Midway through the classroom phase of the practicum, cooperating teachers meet again with the practicum supervisors to discuss problems that may be occurring with marginal teacher trainees. At this time, teachers receive additional training in interaction and communication techniques.

INTENSIVE-PROGRESSIVE ASSISTANCE

Teacher trainees whose performance is marginal receive special intensive-progressive assistance in addition to the regular clinical supervision system. Specifically, students who exhibit extreme

difficulties in demonstrating satisfactory performance of the majority of the academic, behavioral, or interactional program competencies receive additional assistance. The students are identified as a natural result of the use of the clinical supervision coaching cycle, coupled with additional reports and observations by the cooperating teacher.

Specific supervising strategies aim at remediating skill deficit areas individually targeted for the practicum student. Examples of typical targeted areas include: failure to take initiative to participate in classroom activities or deal with behavior; inappropriate responses to evaluation and constructive feedback; lack of responsibility, i.e., late arrivals, not prepared for lesson; writing and other academic skills are in need of remediation; oral and/or written directions are unclear and confusing.

The intensive progressive assistance plan (Miller, 1986) documents:

1. Deficit areas (in specific, observable and measurable terms);
2. The specific, related competency the student is expected to exhibit;
3. Remedial strategies, including the responsibilities of the supervision team;
4. Evaluation procedures;
5. Date of action; and
6. Time line for next evaluation.

When intensive assistance is required, the supervision team employs a variety of intervention strategies. Remediation strategies may include one or more of the following activities:

EVALUATIVE OBSERVATION - The practicum student will observe a classroom teacher (supervising teacher or another teacher) with the practicum supervisor. They will identify the effective strategies demonstrated by the classroom teacher, relating these strategies to the competencies the trainee must develop.

SELF-MONITORING PROCEDURES - The practicum student will keep data and graphs on his/her own targeted areas of improvement. A common example is increasing one's rate of praise to classroom students. Trainees may make tally marks on a note card to help themselves achieve or maintain a high rate of praise.

CUEING PROCEDURES - The supervising teacher prompts the practicum students to perform specific behaviors (e.g., points to corner of mouth with small smile to cue smiling; tugs on right ear to cue louder volume when talking to the children). This is particularly helpful for a practicum student who is hesitant or who is having a problem with timing.

ROLE PLAYING - The practicum student may participate in role plays specific to his/her problem areas. These role plays may take many forms, but primarily follow three formats:

a. Vignettes designed to provide practice in behavior management skills;
b. Vignettes focusing on "lesson teaching;" and
c. Simulations requiring both behavioral and academic management skills.

VIDEOTAPING - The practicum student will be videotaped at mutually agreed upon times; the student may then view and critique his/her own performance or view the tape in concert with a member of the supervision team.

BUG-IN-THE-EAR TRAINING - The practicum student works with one child in the training room utilizing "bug-in-the-ear" equipment. This equipment consists of a small receiver which the practicum student wears in his/her ear, and a microphone and sound system on the other side of the observation window. The supervisor talks to the practicum student through the microphone and gives direct and immediate feedback about his/her performance with the child or prompts appropriate teaching performance.

EVALUATION DATA

Consumer evaluations have been mailed to 108 university students who have participated in the practicum over the last four academic years. Twenty seven of the evaluations (25%) have been received to date. Questions were designed to provide information about the quality of the training, the usefulness of the training and the appropriateness of the amount of training in each of the three practicum phases. The consumer evaluations received so far have been extremely positive. On a seven point scale (from extremely dissatisfied to extremely satisfied), ten of the eighteen questions generated average ratings greater than 6.0 and the remaining eight questions averaged greater than 5.0. Average ratings on all key questions were above 6.0:

1. (6.07) Overall, to what extent are you satisfied that the practicum taught you the skills necessary for effective classroom management?
2. (6.11) How satisfied are you that your practicum experience prepared you to use behavioral interventions effectively in the classroom?
3. (6.24) How satisfied are you that the training received in this practicum is relevant to you currently?

During the past two semesters structured questionnaire data have been collected from the teacher trainees on the operation of the clinical supervision coaching cycle utilized in Phase III. This data has shown that the preobservation conference identification of target areas is important to the students, that the supervision conferences do provide necessary feedback to the trainees on their

own development, that the feedback is viewed as clear and concise, that weekly feedback is necessary, and that the students feel very well prepared for their next field placement.

This behavior disorders practicum has evolved significantly since its initial conception four years ago. The goal throughout has focused on an instructional design which would integrate theory and practice as interdependent components in effective training. The goal-oriented methodology of a clinical supervision system of performance coaching has enhanced the transfer of learned skills into the classroom setting. Just as importantly, it has provided a framework through which the teacher trainee learns to reflect about personal strengths and weaknesses and to problem solve independently. Future research will examine and evaluate the impact of this process of "coaching" supervision in a preservice setting.

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